Esophageal parasitic diseases: Causes, symptoms and treatment.

Laetitia Overgaauw*

Department of Parasitology, National Institute for Public Health and the Environment, Bilthoven, Netherlands

Received: 13-Jul-2023, Manuscript No. AAPDDT-23-106173; **Editor assigned:** 17-Jul-2023, AAPDDT-23-106173 (PQ); **Reviewed:** 01-Aug-2023, QC No. AAPDDT-23-106173; **Revised:** 14-Sep-2023, Manuscript No. AAPDDT-23-106173 (R); **Published:** 22-Sep-2023, DOI:10.35841/2591-7846.8.5.166

Description

Esophageal parasitic diseases are a group of conditions caused by the infestation of parasites in the esophagus, the muscular tube that connects the throat to the stomach. These diseases are relatively rare but can have severe consequences if left untreated. In this article, we will explore the causes, symptoms, and treatment options for esophageal parasitic diseases [1].

Causes

Esophageal parasitic diseases can be caused by various parasites, including roundworms, tapeworms, and flukes. The transmission of these parasites to the esophagus usually occurs through the ingestion of contaminated food or water. Poor sanitation and hygiene practices, as well as consumption of undercooked or raw meat, can increase the risk of acquiring these infections.

Symptoms

The symptoms of esophageal parasitic diseases can vary depending on the type of parasite involved and the extent of the infestation [2]. Common symptoms may include:

Dysphagia: Difficulty swallowing is a hallmark symptom of esophageal parasitic diseases. It can range from mild discomfort to severe pain while swallowing.

Odynophagia: Painful swallowing, known as odynophagia, is often experienced alongside dysphagia. The sensation of a foreign body in the throat may also be present.

Nausea and vomiting: Some patients may experience persistent nausea and occasional vomiting, especially during or after meals.

Weight loss: Unintentional weight loss is common in esophageal parasitic diseases due to reduced food intake caused by swallowing difficulties.

Regurgitation: Regurgitation of undigested food or liquids may occur, leading to a sour taste in the mouth.

Chest pain: In certain cases, chest pain or discomfort may be present, mimicking symptoms of other esophageal conditions like Gastroesophageal Reflux Disease (GERD).

Diagnosis

Diagnosing esophageal parasitic diseases can be challenging, as the symptoms may overlap with other esophageal disorders. A thorough medical history, including travel and dietary habits, is crucial in determining the possibility of a parasitic infection [3]. Diagnostic tests that may be employed include:

Endoscopy: A flexible tube with a camera is inserted into the esophagus to visualize any abnormalities, such as the presence of parasites or associated inflammation.

Biopsy: During an endoscopy, a small tissue sample may be taken for examination under a microscope to confirm the presence of parasites.

Blood tests: Blood samples can be analyzed to detect specific antibodies or antigens associated with parasitic infections.

Imaging tests: X-rays or Computed Tomography (CT) scans may be performed to assess the overall condition of the esophagus and surrounding structures.

Treatment

The treatment of esophageal parasitic diseases primarily involves the eradication of the underlying parasites and management of symptoms. The specific treatment approach depends on the type of parasite and the severity of the infection. Common treatment options include:

Antiparasitic medications: Prescription medications, such as albendazole or praziquantel, are commonly used to kill parasites and eliminate the infection. The duration of treatment may vary depending on the parasite involved.

Nutritional support: In severe cases, where swallowing difficulties result in significant weight loss, nutritional supplements or feeding tubes may be required to maintain adequate nutrition.

Symptom management: Medications to alleviate pain, reduce inflammation, and control symptoms like nausea and vomiting may be prescribed [4].

Prevention

Prevention plays a crucial role in reducing the risk of esophageal parasitic diseases. The following measures can help minimize the chances of infection:

Practice good hygiene: Wash hands thoroughly with soap and clean water before handling food and after using the restroom.

Safe food preparation: Ensure that food is cooked thoroughly, particularly meat, to kill any potential parasites. Avoid consuming raw or undercooked meat and fish [5].

Safe water consumption: Drink clean, treated water, and avoid consuming water from unknown sources or potentially contaminated water bodies.

Proper sanitation: Use proper toilet facilities and maintain good sanitation practices to prevent the contamination of food and water sources.

Conclusion

While esophageal parasitic diseases are relatively uncommon, they can cause significant discomfort and complications if left untreated. Recognizing the symptoms and seeking prompt medical attention is crucial for proper diagnosis and treatment. By adopting preventive measures and practicing good hygiene, the risk of acquiring these parasitic infections can be significantly reduced.

References

- 1. Deutz A, Fuchs K, Auer H, et al. Toxocara-infestations in Austria: A study on the risk of infection of farmers, slaughterhouse staff, hunters and veterinarians. Parasitol Res. 2005;97:390-4.
- 2. Giacometti A, Cirioni O, Fortuna M, et al. Environmental and serological evidence for the presence of toxocariasis in

the urban area of Ancona, Italy. Eur J Epidemiol. 2000;16:1023-6.

- Dinkel A, von Nickisch-Rosenegk M, Bilger B, et al. Detection of Echinococcus multilocularis in the definitive host: coprodiagnosis by PCR as an alternative to necropsy. J Clin Microbiol. 1998;36(7):1871-6.
- 4. Habluetzel A, Traldi G, Ruggieri S, et al. An estimation of *Toxocara canis* prevalence in dogs, environmental egg contamination and risk of human infection in the Marche region of Italy. Vet Parasitol. 2003;113(3-4):243-52.
- Luty T. Prevalence of species of *Toxocara* in dogs, cats and red foxes from the Poznan region, Poland. J Helminthol. 2001;75(2):153-6.

*Correspondence to

Laetitia Overgaauw

Department of Parasitology,

National Institute for Public Health and the Environment,

Bilthoven,

Netherlands

E-mail: laetitiaovergaauw@hotmail.com